

Death Registration and Death Statutes

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Agenda

- Some death registration basics
- Authorizations
- Amendments
- Marriage status
- Medical certification issues
- Family burials and family cemeteries
- Fetal death registration

Some death registration basics

Electronic registration required

- The person in charge of interment or in charge of removal of a body from a registration district for disposition shall:
 - file the certificate electronically as specified by the state registrar
 - HSC 193.002 (4)
- The person completing the medical certification shall submit the information and attest to its validity using an electronic process approved by the state registrar
 - HSC 193.005 (h)

Electronic registration scenario

What should you do if a physician isn't on TER?
What about a JP or a funeral home?

Contact your VSU Area Representative first; he or she may be able to help.

If that doesn't work, you may need to contact the Texas Medical Board:
<http://www.tmb.state.tx.us/page/place-a-complaint>

Or the Texas Funeral Service Commission:
<http://www.tfsc.state.tx.us/complaints>

Timeliness

- Not later than the 10th day after the date of a death that occurs in this state, a death certificate shall be filed with the local registrar of the registration district in which:
 - the death occurs; or
 - the body is found, if the place of death is not known.

- HSC 193.003 (a)
- To file a record of a death that occurred in this state but was not registered within one year of the date of death, a person shall submit a record of the death to the county probate court in the county in which the death occurred

- HSC 193.007 (b)

Aliases, also known as AKA's

The alias should be listed [only] if it is substantially different from the decedent's legal name (e.g., Samuel Langhorne Clemens AKA Mark Twain, but not Jonathan Doe AKA John Doe)... AKA does not include

- *Nicknames, unless used for legal purposes on the family's request.*
- *Spelling variations of the first name.*
- *Presence or absence of middle initial.*
- *Presence or absence of punctuation marks or spaces.*
- *Variations in spelling of common elements of the surname, such as 'Mc' and 'Mac' or 'St' and 'Saint'*

Transgender decedent scenario

A funeral director asks you how they should handle the following situation:

The decedent was born male but has since undergone surgery and is now legally female. What should be entered as the decedent's sex?

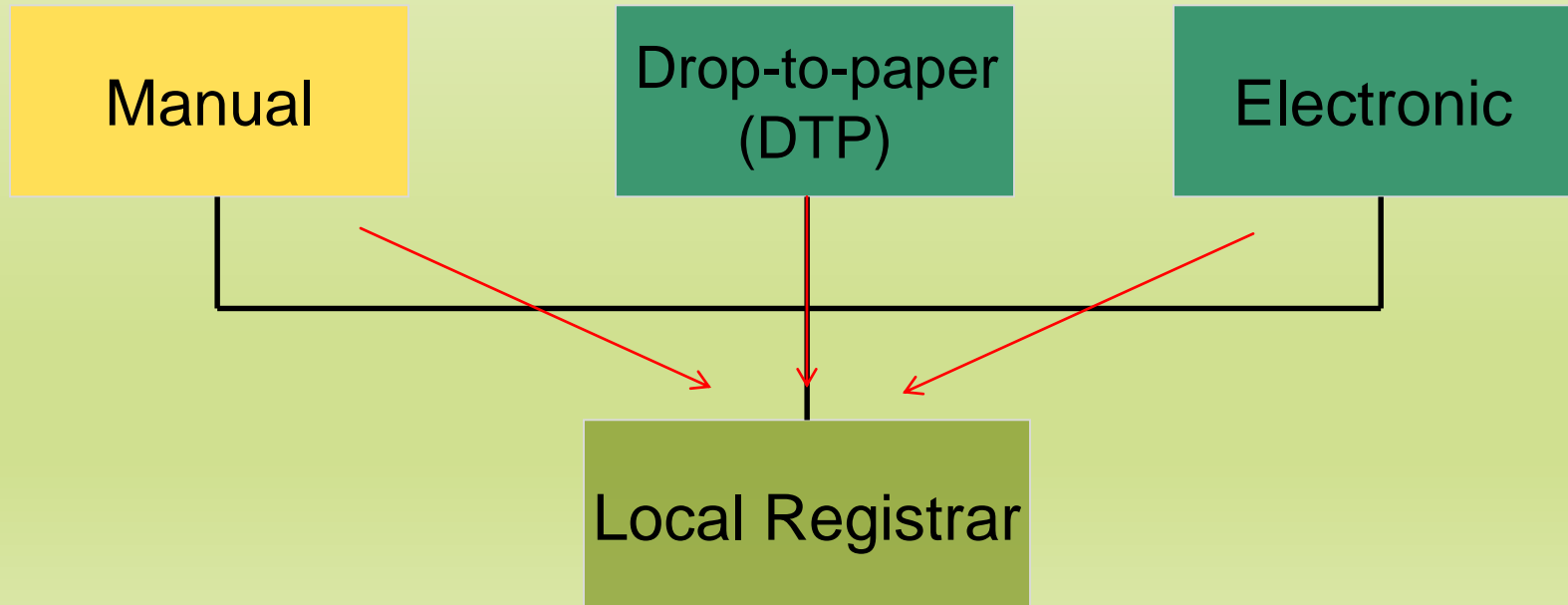
Transgender decedent scenario

The Handbook on Death Registration (per the CDC Handbook on Death Registration) states, “select male or female based on observation. . . . If sex cannot be determined after verification with medical records, inspection of the body, or other sources, select Unknown.”

Defer to the medical certifier’s judgement for this item.

Record types

Local Registrars will handle processing up to three types of death certificates.



What is a *drop-to-paper* death certificate?

A ‘**drop-to-paper**’ (DTP) death certificate is an **8 ½ x 11** inch (standard size) printed Certificate of Death form that:

- Has been completed using TER software
- Is not ‘fully electronic’ because the medical certifier or funeral home is not using TER
- Does not contain printed information on the back
- Includes an ‘EDR’ and ‘DTP’ number
- Excludes printed statistical information; items (43-49)

Important note on paper death records:

VSU now only accepts DTP and manual death records under certain circumstances.

As a general rule, if it's at all possible to process the record electronically, VSU will not accept a paper version of the record.

STATE OF TEXAS				CERTIFICATE OF DEATH				STATE FILE NUMBER			
1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)								(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED	
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR MO DAYS		IF UNDER 1 DAY HOURS MIN		6. BIRTHPLACE (CITY & STATE OR FOREIGN COUNTRY)				
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown				9. SURVIVING SPOUSE (If wife, give name prior to first marriage)					
10a. RESIDENCE STREET ADDRESS								10b. APT NO		10c. CITY OR TOWN	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO					
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE							
13. PLACE OF DEATH (CHECK ONLY ONE)											
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER (SPECIFY)							
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)				16. FACILITY NAME (If not in institution, give street address)					
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, state, Zip Code)							
19. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> DONATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> OTHER (SPECIFY)				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH				21. <input type="checkbox"/> Unknown Section _____ Block _____ Lot _____			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (CITY/TOWN, AND STATE)							

This is the 8 ½ x 11 inch (standard size) Certificate of Death 'DTP' form. It contains an 'EDR' & 'DTP' number.

Electronic Death
Registration Number

Drop-to-Paper
Number

WARNING Individually making a false statement is a crime under the Health and Safety Code, Sec. 195.01.	CAUSE OF DEATH Resolving in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		Due to (or as a consequence of):				
	b. _____		Due to (or as a consequence of):				
	c. _____		Due to (or as a consequence of):				
	d. _____		Due to (or as a consequence of):				
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.						34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. DID TOBACCO CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		38. IF FEMALE: <input type="checkbox"/> NOT PREGNANT WITHIN PAST YEAR <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT BEF <input type="checkbox"/> UNK		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN			
40a. TIME OF INJURY M		40b. TIME OF INJURY M		40c. INJURY AT <input type="checkbox"/> YES		40d. INJURY AT <input type="checkbox"/> YES	
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. SIGNATURE OF LOCAL REGISTRAR			

EDR 00000000271

DTP, NO 1



EDR #: Find Record(s) LFN: DTP: Work Queue:

Then click the
'Search' icon

Processing a DTP record:

Select Processing > Death,
Functions > Local
Registration

Decedent's Mother's Maiden Name

First Name:	<input type="text"/>							
Middle Name:	<input type="text"/>							
Last Name:	<input type="text"/>							
Maiden Name:	<input type="text"/>							
Date of Death:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Sex:	<input type="text"/>	<input type="button" value="v"/>
Date of Birth:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	SSN:	<input type="text"/>	<input type="button" value="v"/>

First Name:

Last Name:

Decedent's Father's Name

First Name:
Last Name:

SFN:

LFN:

EDR:

Med Rec.

ME Case:

TER is now searching the database for the record. If the record is found, it will be displayed.

Find

Select
Record(s)

Clear

Exit

Number of Records Found: 0

Shown: 0 to: 0

Click ‘Find’

Decedent's Information

First Name:
Middle Name:
Last Name:
Maiden Name:
Date of Death: / / Sex:
Date of Birth: / / SSN:

Decedent's Mother's Maiden Name

First Name:
Last Name:

Decedent's Father's Name

First Name:
Last Name:

File Numbers

SFN:
LFN:
EDR: 401
Med Rec:
ME Case:

County of Occurrence

Informant Name

Select the record from the list below.

Funeral Home

Medical Certifier

Certifier Name:

Find

Select
Record(s)

Clear

Exit

Number of Records Found: 1

Shown: 1 to: 1

First Name	Middle Name	Last Name	Maiden Name	AKA First Name	AKA Middle Name	AKA Last Name	Month Died	Day Died	Year Died	Mor
SNOW		WHITE	GREEN				02	01	2006	

--	--	--	--	--	--	--	--	--	--	--



Decedent's Information

First Name:

Middle Name:

Last Name:

Maiden Name:

Date of Death:

/

/

Sex:

Date of Birth:

/

/

SSN:

-

-

Decedent's Mother's Maiden Name

First Name:

Last Name:

Decedent's Father's Name

First Name:

Last Name:

File Numbers

SFN:

LFN:

EDR:

401

Med Rec:

ME Case:

County of Occurrence

Funeral Home

Informant Name

Informant Name:

Medical Certifier

Certifier Name:

Find

Select Record(s)

Clear

Exit

Number of Records Found: 1

Shown: 1 to: 1

First Name	Middle Name	Last Name	Maiden Name	AKA First Name	AKA Middle Name	AKA Last Name	Month Died	Day Died	Year Died	Mor
SNOW		WHITE	GREEN				02	01	2006	

Click on 'Select Record(s)'

Click on record

EDR #: 000000000401 LFN: DTP: 1 Search Results: WHITE, SNOW, DOD: 02/01/2006, PLOD: Hospital-

Record Type

Compare the DTP number on the paper to the DTP number on the screen to make sure that you have the most recent version of the ‘drop-to-paper’ form. The DTP number is the count that represents the number of times that the ‘Drop-to-Paper’ death certificate has been printed. This number also prints on the paper copy of the ‘Drop-to-Paper’ death certificate.

Place Death Occurred: Hospital- Inpatient County / City: TEXAS
Facility: DGHTRS OF CHTY HTH SVCS OF AUSTI TRAVIS City of Birth: AUSTIN - (TRAVIS)
Street Address: 501 E. 15TH AUSTIN

Father's Name
First Name: DAD
Last Name: WHITE

Mother's Name Prior to First Marriage
First Name: MOM
Last Name: GREEN



EDR #: 000000000401 LFN: DTP: 1 Search Results: WHITE, SNOW, DOD: 02/01/2006, PLOD: Hospital

Record Type

Key Fields

Record Type:	Local File Number:	Local File Date:	Social Security Number:	Status:
IDENTIFIED		__/__/__	323-23-2323	FAILDOBGENDER

Decedent's Name

First:	SNOW
Middle:	
Last:	WHITE
Maiden:	GREEN

Date of Death and Decedent's Sex

Date of Death Type:	ACTUAL
	02/01/2006
	FEMALE

Enter Local File Number

Enter Local File Date

Place of Death

Place Death Occurred:	Hospital- Inpatient	County / City:	
Facility:	DGHTRS OF CHTY HTH SVCS OF AUSTI		TRAVIS
Street Address:	501 E. 15TH		AUSTIN

Date and Place of Birth

Date of Birth:	09/09/1999
State/ Foreign Country:	TEXAS
City of Birth:	AUSTIN - (TRAVIS)

Father's Name

First Name:	DAD
Last Name:	WHITE

Mother's Name Prior to First Marriage

First Name:	MOM
Last Name:	GREEN



EDR #: 0000000 LFN: DTP: 1 Search Results: WHITE, SNOW, DOD: 02/01/2006, PLOD: Hospital-

Click the 'Save' icon to release record

Key Field
Record Number: IDENTIFIED
Local File Date: 02/01/2006
Social Security Number: 323-23-2323
Status: FAILODBGENDER

Decedent's Name
First: SNOW
Middle:
Last: WHITE
Maiden: GREEN
Date of Death and Decedent's Sex
Date of Death: 02/01/2006
Sex: MALE

Place of Death
Place Death Occurred: Hospital- Inpatient
Facility: DGHTRS OF C
Street Address: 501 E 15TH
Place of Birth
Date of Birth: 09/09/1999
State/ Foreign Country:
City of Birth:

All items are now complete, the record is ready to be released to the state.
Be sure to copy the DTP record, file the copy in your office, and mail the original DTP record to VSU.

Father's Name
First Name: DAD
Last Name: WHITE
Mother's Name Prior to First Marriage
First Name: MOM
Last Name: GREEN


Mailing records to VSU

HSC 191.029: On the 10th day of each month, the local registrar shall send to the state registrar:

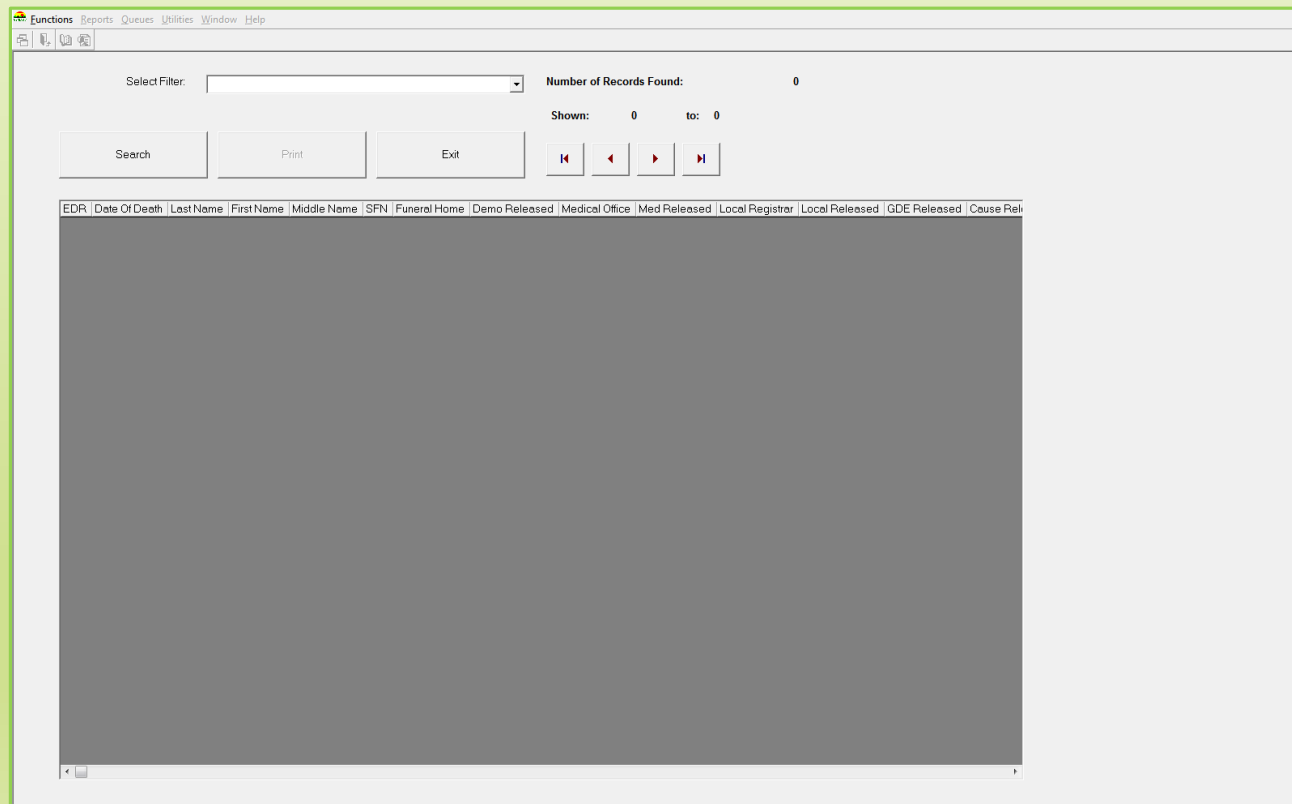
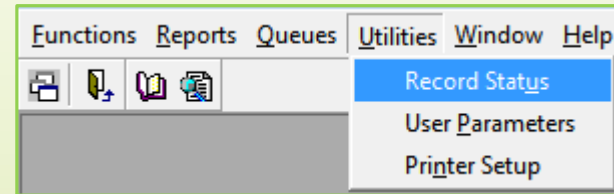
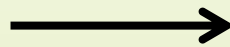
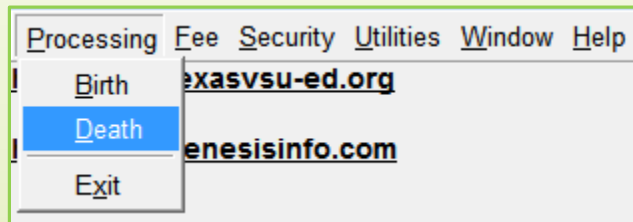
- (1) The original certificates that the local registrar registered during the preceding month; or
- (2) A report of no births or deaths on a card provided for that purpose if no births or deaths occurred during the preceding month.

Mailing records to VSU

BATCH CONTROL LOG AND NUMBER FORM TRANSMITTAL SHEET	
COUNTY:	NUMBER:
CITY OR PRECINCT:	REGISTRAR NUMBER:
TYPE OF RECORD: (Check <u>ONE</u>)	
BIRTH _____	DATE SENT : _____
DEATH _____	FETAL DEATH _____
Prepare a SEPARATE Batch Control Log for EACH type record you are submitting.	
BEGINNING FILE NO: _____	ENDING FILE NO: _____
TOTAL RECORDS ENCLOSED: _____	PRINCEPEL MONTH IN WHICH EVENT OCCURRED: _____
COMMENTS:	

 TEXAS DEPARTMENT OF STATE HEALTH SERVICES VS-101 (10/2004)	Signature of Local Registrar _____

Record Status



Local registrar offices should check the Record Status screen daily.

Record Status

Functions Reports Queues Utilities Window Help

Select Filter: SEARCH RESULTS

Number of Records Found:

Shown: 1 to: 19

Search

SEARCH RESULTS

ELECTRONIC DEMO NOT RELEASED

ELECTRONIC MED NOT RELEASED

DTP DEMO NOT AT LOCAL

LOCAL NOT RELEASED

ALL LOCAL PENDING

SEARCH RESULTS

EDR	Date Of Death	Last Name	First Name	Middle Name	SFN	Funeral Home	Demo Released	Medical Office	Med Released	Location
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Typically, you'll want to select "ALL LOCAL PENDING."

Record Status

EDR	Date Of Death	Last Name	First Name	Middle Name	SFN	Funeral Home	Demo Released	Medical Office
000000987843	07/08/2011	CHARO	RAFAEL	M.		PUENTE AND SONS FUNERAL CHAPELS - SOUTH	YES	
000001043309	10/28/2011	RODRIGUEZ	ANALEAYAH	NEVAH			NO	
000001052558	11/22/2011	HOPKINS	ISAIAH PRINCE	DWAYNE		EUNICE & LEE MORTUARY	NO	PEDIATRIX MEDICAL
000001057746	12/04/2011	FISHER	THERESA	BLAND			NO	IPC. THE HOSPITALIS
000001151310	01/16/2012	THOMPSON	KAYDEN	LLYOD		A & A THOMPSON FUNERAL HOME	NO	PEDIATRIX MEDICAL
000001108265	03/10/2012	RIVAS	LAURA	JEAN		DELGADO FUNERAL HOME	NO	
000001129159	04/16/2012	YOUNG	JEREMIAH	OMAR		RICHARDSON HILL FUNERAL HOME	NO	BEXAR COUNTY ME
000001133792	04/25/2012	SALAZAR	ROY			CASTILLO MISSION FUNERAL HOME	YES	
000001150860	06/04/2012	METTS	LORI				NO	IPC. THE HOSPITALIS
000001164248	07/01/2012	GONZALEZ	DANIEL				NO	KARNES COUNTY JP
000001171443	07/19/2012	SORIANO	WYATT	BRICE			NO	SAN ANTONIO MILITA
000001183227	08/13/2012	LUNSFORD	ROGER	DALE		NEPTUNE SOCIETY-SAN ANTONIO	YES	
000001184807	08/14/2012	TORRES	SYLVESTER	S.		CASTLE RIDGE MORTUARY, LP	NO	CHRISTUS VNA HOSI
000001186610	08/16/2012	GUEVARA	TERESA	G.			NO	
000001200846	09/20/2012	SCHROYER	CAROLINE				NO	MEDFIRST HOSPITAL
000001204076	09/24/2012	LOPEZ	FELIPE	R		NEPTUNE SOCIETY-SAN ANTONIO	NO	BEXAR COUNTY ME
000001234131	11/27/2012	SYNDER	EDWARD	C			NO	VITAS INNOVATIVE H
000001245752	12/03/2012	MOLINA	JOSE	ANGEL		SOUTHWEST FUNERAL HOME	YES	
000001456047	01/18/2014	PEREZ	YVONNE	GALAN			NO	
000001468369	02/15/2014	UTLEY	JOELLIS	FEDER			NO	
000001467889	02/15/2014	SHUFF	PATSY	KAY			NO	
000001469668	02/18/2014	YGLESIAS	ROLAND	A.		DELGADO FUNERAL HOME	NO	
000001476063	03/02/2014	KIMERKER	KAREN	KAY			NO	MEDFIRST HOSPITAL
000001482470	03/12/2014	DAY	LARRY	LEE			NO	
000001483776	03/16/2014	POOL	EMILY	PEARL		NEPTUNE SOCIETY-SAN ANTONIO	NO	
000001485927	03/20/2014	ROBERTS	MARY	E.			NO	
000001491001	03/26/2014	MORALES	LUCAS	ALEJANDRO		SOUTHWEST FUNERAL HOME	YES	
000001501589	04/12/2014	DURAN	LOUIS	ANGEL			NO	HARRIS COUNTY ME
000001504954	04/25/2014	DAILEY	GEORGE			SUTTON-SUTTON & WOODARD'S MORTUARY	NO	IPC. THE HOSPITALIS
000001510355	05/02/2014	SLACK	A.G.				NO	
000001515207	05/13/2014	SERDA	AVERY	ARIANA			NO	LONE STAR OB/GYN.
000001516334	05/18/2014	CASTILLO	MARIA	SOCORRO			NO	DOCTOR AT YOUR SI
000001519411	05/23/2014	BERMEA	REYES			MEMORIAL FUNERAL CHAPELS	YES	
000001537071	06/29/2014	SMITH	WILLIAM				NO	VITAS INNOVATIVE H
000001549302	07/25/2014	MARTINEZ	SYLVIA				NO	CHRISTUS VNA HOSI
000001566470	08/28/2014	VASQUEZ	IGNACIO			MEMORIAL FUNERAL CHAPELS	NO	

Here's the report.

Record Status

EDR	Date Of Death	Last Name	First Name	Middle Name	SFN	Funeral Home	Demo Released
000001052558	11/22/2011	HOPKINS	ISAIAH PRINCE	DWAYNE		EUNICE & LEE MORTUARY	NO

Funeral Home	Demo Released	Medical Office	Med Released	Local Registrar
EUNICE & LEE MORTUARY	NO	PEDIATRIX MEDICAL GROUP OF TEXAS - SAN ANTONIO	YES	REGISTRAR - SAN ANTONIO CITY CLERK

Local Registrar	Local Released	GDE Released	Cause Released	Med Query Released	Batch Printed	Drop to Paper	LFN Complete	SFN Complete	SSN Verifi
REGISTRAR - SAN ANTONIO CITY CLERK	NO	NO	NO	NO	NO	NO	NO	NO	NO

SSN Verified	SSA Fact of Death Complete	NCHS Extract Complete	Super Micar Complete	Acme Transax Complete	Demographic Review Pending	Cause of Death Pending	Manner of Death
NO	NO	NO	NO	NO	NO	NO	NO

Acme Transax Complete	Demographic Review Pending	Cause of Death Pending	Manner of Death Pending	Medical Query Pending	Possible Duplicate	Held for AOF Validation
NO	NO	NO	NO	NO	NO	NO

HSC 191.027: Before accepting a birth or death record, the local registrar or deputy must review it for accuracy.

Functions Registration Edit Reports Queues **Guides** Library Maintenance Window Help

EDR #: LFN:

Remember that you can print the record prior to acceptance in order to review it.

Key Fields

Record Type: Local File Number: Local File Date:

Decedent's Name

First: Middle: Last: Maiden: Suffix:

Place of Death

Place Death Occurred: County / City: Facility: Street Address:

Always check to ensure the death occurred in you registration district.

Social Security Number Status:

Date of Death and Decedent's Sex

Date of Death Type: Date of Death (MM-DD-YYYY): Sex:

Decedent's Date and Place of Birth

Date of Birth (MM-DD-YYYY): City of Birth:

Father's Name

First Name: Last Name:

Mother's Name Prior to First Marriage

First Name: Last Name:

Records In Queue: 7 Field Name. Field Status. Record Status. CAPS NUM INS 3/10/2015

Authorizations

Report of death

The funeral director or person acting as such, who first assumes custody of a dead body or fetus, shall within 24 hours either mail or otherwise transmit a Report of Death to the local registrar of the district in which the death occurred or the body was found.

A copy of the Report of Death form shall serve as authority to transport (by means other than common carrier) or bury the body within Texas.

The Report of Death can be printed from TER once it's been entered in the system.

- TAC 181.2(a), Death Handbook

Report of Death

Vital Statistics 25 TAC Sec. 181.2(a) "The funeral director, or person acting as such, who assumes custody of a dead body or fetus shall obtain an electronically filed report of death through a Bureau of Vital Statistics system or complete a report of death before transporting the body. The report of death shall within 24 hours be mailed or otherwise transmitted to the local registrar of the district in which the death occurred or in which the body was found. A copy of the completed or electronically filed report of death as prescribed by the Bureau of Vital Statistics shall serve as authority to transport or bury the body or fetus within this state."

Print in dark ink the legal name of the deceased as shown on the Social Security card or birth certificate.

first middle last suffix AKA maiden

Date of Death ____/____/____ Sex ____ Date of Birth ____/____/____
month day year month day year

Social Security Number ____ - ____ - ____ ☐ None ☐ Not Available

Place of Death (check one)

☐ Hospital Inpatient ☐ Nursing home/Long term care facility
☐ Hospital Emergency Room/Outpatient ☐ Home of Deceased
☐ Hospital Dead on Arrival ☐ Other (specify): _____
☐ Hospice Facility

Facility Name (if not institution, give street & number) _____

City, Town, or Precinct Number _____ County _____

Local registration office for the area where this death occurred: _____

☐ This death may be due to homicide, suicide or accident; or this death occurred without medical attendance.

Check One

This death will be certified by: ☐ Physician ☐ Medical Examiner ☐ Justice of the Peace

Name and address of certifier: _____

Name and address of person making this report (if funeral director list license number and funeral home): _____

Signature or electronic verification of person making this report _____ Date of report _____

The Report of Death may be mailed, faxed, emailed, electronically registered or conveyed in person. A copy of this document is to accompany the body. This report contains confidential information.

WARNING: This is a government document. Texas Penal Code, Section 37.06, prohibits possession, use, making, fabrication or providing false information in this document.

VS-115 Revised 9/2004 (may be duplicated)

Registrar Use Only

Date/Time Received	
Report	
Certificate	
Electronic	

Burial-transit permit

If a dead body or fetus is to be removed from this state, transported by common carrier within this state, or cremated, the funeral director, or person acting as such, shall **obtain a burial-transit permit** from the Local Registrar where the death certificate is or will be filed, or from the State Registrar electronically through a Vital Statistics Unit electronic death registration system

- TAC 181.2 (b)

Burial-transit permit

- The registrar shall not issue a burial-transit permit until a certificate of death, *completed in so far as possible*, has been presented

- TAC 181.2(b)

- Each local registrar shall appoint a Deputy Registrar so that a registrar will be available at all times for the registration of births and deaths.

-HSC 191.022(c)

Burial-transit permit

Completed in so far as possible?

A death or fetal death certificate does not have to be completed in all respects prior to the issuance of a Burial-Transit Permit. At the very least, it must have the name of the deceased, date and place of death or delivery, name and address of funeral service first assuming custody of the body, and signature and license number of the funeral director

- Local Registrar Handbook

Apostilles

To ship a body from Texas to Mexico, a **Burial-Transit Permit**, a **certified copy of the Texas Certificate of Death**, and an **Apostille** from the Texas Secretary of State's Office is generally required.


Countries other than Mexico may have different requirements for receiving a body. Check with the consulate office of the country to which you are shipping the body if you have any questions about shipping a body there.

Texas Secretary of State:

<http://www.sos.state.tx.us/authinfo.shtml>

Form #2102 Rev. 01/2015

**REQUEST FOR OFFICIAL
CERTIFICATE OR
APOSTILLE**



**NOT FOR USE IN
PROCEEDINGS RELATING
TO THE ADOPTION OF
ONE OR MORE CHILDREN**

Please submit this request form with the documents, the payment and the return envelope.

Contact Information:

Name: _____

Mailing Address: _____

Street _____

City _____ State _____ Zip Code _____

Phone: _____ Email Address: _____

Required:

Destination of Documents – Write name of Embassy or Country: _____

Number of Documents to be authenticated: _____ X \$15.00 = _____⁰ Total Due

Payment Information:

☐ Check or Money Order payable to Texas Secretary of State

☐ Credit Card/Debit Card-Form 2101 must be included.

Document Return Method:

☐ Self-Addressed Stamped Envelope

☐ Self-Addressed Prepaid US Postal Priority or Express

☐ Self-Addressed Prepaid carrier label. No handwritten airbills accepted. (FedEx, UPS, Lonestar or DHL)

Mailing Address:
Office of the Secretary of State
Authentications Unit
PO Box 13550
Austin, TX 78711-3550

Physical Address:
Office of the Secretary of State
Authentications Unit
1019 Brazos St
Austin, TX 78701

Walk in service is accepted at the physical address Monday – Friday 8:00 am to 4:30 pm.

Print **Reset**

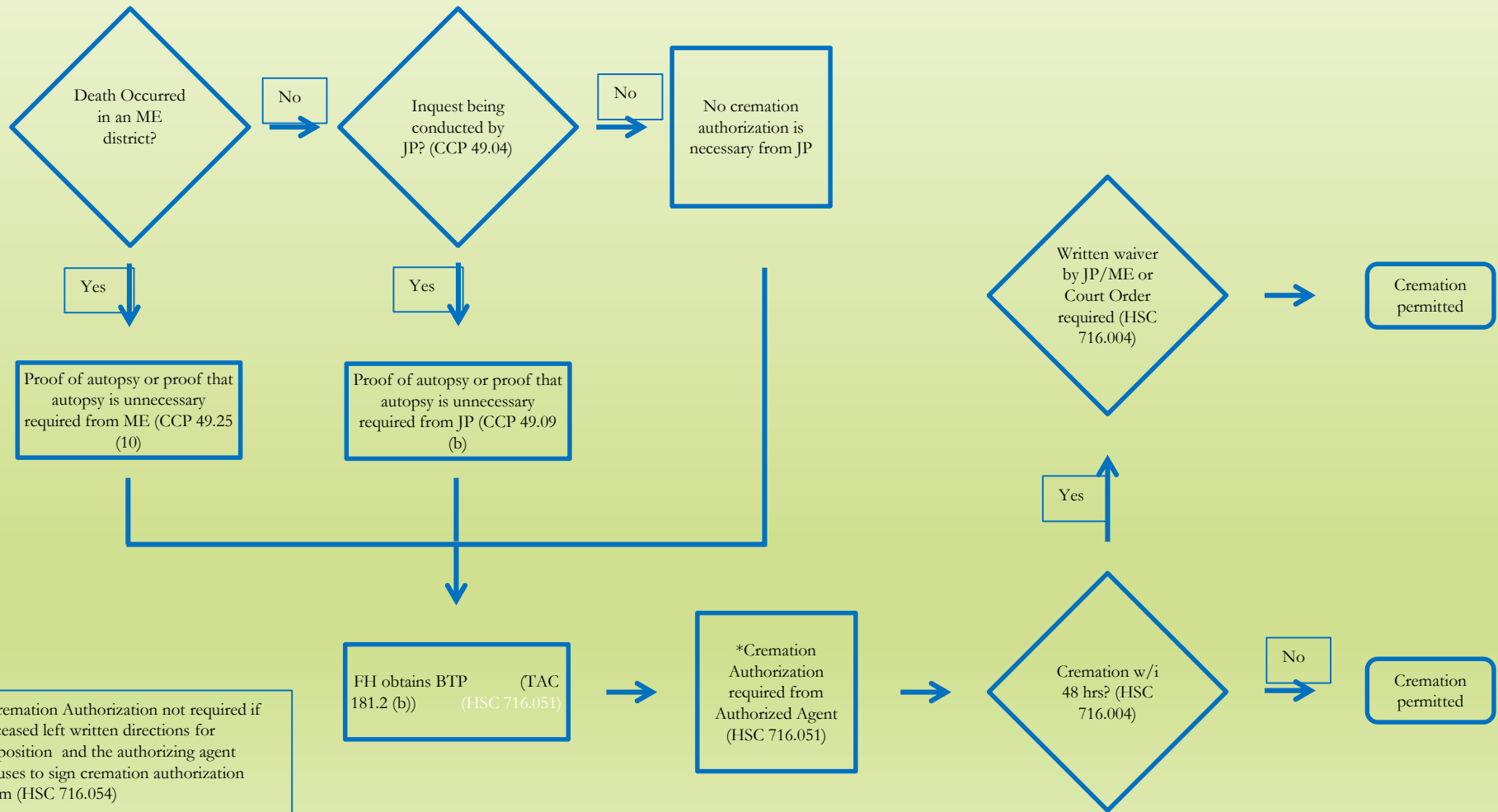
Form 2102

Cremation Requirements

If death occurred in an ME county: If death occurred in a non-ME county:

- **Proof of autopsy or proof that autopsy is unnecessary** [CCP 49.25(10)]
 - **BTP** [TAC 181.2(b), HSC 716.051]
 - **Cremation authorization** from authorized agent [HSC 716.051]
 - If cremating within 48 hours of death, a **written waiver by JP/ME** or a **court order** [HSC 716.004]
- **Proof of autopsy or proof that autopsy is unnecessary** *provided that* inquest is being conducted by JP [CCP 49.09 (b)]
 - **BTP** [TAC 181.2(b), HSC 716.051]
 - **Cremation authorization** from authorized agent [HSC 716.051]
 - If cremating within 48 hours of death, a **written waiver by JP/ME** or a **court order** [HSC 716.004]

Cremation Requirements



Disinternment permit

APPLICATION FOR DISINTERMENT PERMIT

Please print or type

1. Full Name of Deceased: _____
2. Date of Death: _____
month day year
3. Place of Death: _____
city county state
4. Place of Interment:
 - a. Cemetery _____
 - b. Section Block Lot Space Unknown
 - c. City County State
5. Place body is to be reinterred:
 - a. Cemetery _____
 - b. Section Block Lot Space Unknown
 - c. City County State
6. Funeral Director:
 - a. Name _____
 - b. License Number _____
 - c. Name of Funeral Home _____
 - d. Address of Funeral Home _____
 - e. Telephone Number (____) ____ - ____
7. As a basis for this application, I state that I will, in the disinterment of this body, abide by and obey the State Statutes of Texas, local ordinances, and regulations of the cities and counties in which the disinterment and reinterment are to take place. I further state that to my knowledge, there is no legal impediment to the disinterment and I have enclosed the required permission of all parties involved.

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Chapter 195.003, Health and Safety Code)

_____ date _____ signature of Funeral Director

This application, the consent form(s) and the \$25.00 fee must be sent to:
Vital Statistics Unit
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040
This fee rate was set by the Texas Board of Health and not by the Texas Legislature.

OFFICIAL USE ONLY:
Date Approved: _____
Date Issued: _____
State File Number: _____ signature of State Registrar

VS-271 7/2005

CEMETERY CONSENT FORM

I (We) hereby give our consent for the disinterment and removal of _____
who is buried in _____
(Name of Deceased) (Plot & Block)
Our records indicate that the plot owner(s) is/are _____

Signature Date

Title

Name of Cemetery

PLOT OWNER CONSENT FORM

I (We) hereby certify that we are the owner(s) of record _____
(Plot)
in _____ either by purchase or inheritance and we hereby
give our permission of the disinterment of _____ who is buried
in that plot.

Signature of Owner Date


Address

Phone Number

NEXT-OF-KIN CONSENT FORM

I hereby certify that I am the _____ of _____
(Relationship) (Name of Deceased)
There are no other living relatives that precede me in the degree of kindred; and I give my
permission for the body to be disinterred and moved to _____
(Name of Cemetery Where Body is to be Reinterred)

Signature Date

 TEXAS
Department of
State Health Services

VS-271.1 7/2005

The disinternment permit issued by VSU serves as authority to disinter, transport (means other than common carrier), and reinter a body within Texas (a BTP is required to remove from state, cremate, or transport via common carrier).

A disinternment permit is not required to disinter and reinter a body in the same cemetery [HSC 711.004(e)(1)].

Amendments

Medical or demographic amendment?

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)			(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR MO DAYS	IF UNDER 1 DAY HOURS MIN	6. BIRTHPLACE (City & State or Foreign Country)
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH Married Widowed Divorced Never Married Unknown		9. SURVIVING SPOUSE (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS			10b. APT NO	10c. CITY OR TOWN	
10d. COUNTY		10e. STATE	10f. ZIP CODE		10g. INSIDE CITY LIMITS? Yes No
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: Inpatient ER/Outpatient DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice Facility Nursing Home Decedent's Home Other (Specify)		
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct no)		16. FACILITY NAME (If not institution, give street address)	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
19. METHOD OF DISPOSITION Burial Cremation Donation Entombment Removal From State Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section Block Lot Space	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
26. CERTIFIER (Check only one): Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (Mo/Day/Yr)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)					32. TITLE OF CERTIFIER
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition -> resulting in death) a. Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. Due to (or as a consequence of): c. Due to (or as a consequence of): d.					Approximate interval: Onset to death
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					34. WAS AN AUTOPSY PERFORMED? Yes No
					35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No
36. MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Could not be determined		37. DID TOBACCO CONTRIBUTE TO DEATH? Yes No Probably Unknown		38. IF FEMALE: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify)					
40a. DATE OF INJURY (Mo/Day/Yr)		40b. TIME OF INJURY	40c. INJURY AT WORK? Yes No	40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)					40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	

Demographic

Medical



The local registrar a record is filed with can't be amended

Electronic or Manual Medical Amendment?


Manual and drop-to-paper death records can't be medically amended electronically. In these cases, the certifier will have to complete a manual medical amendment.

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH			
STATE OF TEXAS		STATE FILE NUMBER	
ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON ORIGINAL DEATH CERTIFICATE		DATE OF DEATH	
NAME OF DECEASED		DATE OF DEATH	
PLACE OF DEATH (City or Town and County)		IS THE DATE OF DEATH BEING CORRECTED? 1 Yes 1 No	
26. CLERK TIP (Check only one): 1 Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 1 Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm/dd/yyyy)	29. LICENSE NUMBER
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of): Approximate interval: Onset to death		34. WAS AN AUTOPSY PERFORMED? 1 Yes 1 No	
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? 1 Yes 1 No	
36. MANNER OF DEATH 1 Natural 1 Accident 1 Suicide 1 Homicide 1 Pending Investigation 1 Could Not Be Determined	37. DID TOBACCO CONTRIBUTE TO DEATH? 1 Yes 1 No 1 Probably 1 Unknown	38. IF FEMALE: 1 Not pregnant within past year 1 Pregnant at time of death 1 Not pregnant, but pregnant within 42 days of death 1 Not pregnant, but pregnant 43 days to 1 year before death 1 Unknown if pregnant within the past year	39. IF TRANSPORTATION INJURY, SPECIFY: 1 Driver/Operator 1 Passenger 1 Pedestrian 1 Other (Specify)
40a. DATE OF INJURY (mm/dd/yyyy)	40b. TIME OF INJURY	40c. PLACE OF INJURY (e.g., Usual place of residence, construction site, restaurant, wooded area)	40d. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR	




Additionally, if an amended date of death would put the date of death *after* the file date, the record will need to be voided and refiled.

Electronic medical amendments

Medical Amendment Creation Process

1. The Medical Certifier or Staff Member searches for and retrieves the record. The record will be locked at this point.
2. The Medical Certifier or Staff Member clicks on the Medical Amendment Icon. 
3. The user will then be prompted with the message, "Are you sure you want to add a Medical Amendment to this record?"
4. The Medical Certifier or Staff Member clicks on the "Yes" button to continue with the medical amendment.
5. The record will then be unlocked so the user can make the desired changes.
6. The Medical Certifier or Staff Member saves the amendment. Once the medical amendment was successfully saved, the user will be prompted with the message, "The medical amendment request was saved successfully."
7. The amendment will then go into the Medical Amendment Review Queue to be reviewed and approved by the Medical Certifier. See Medical Amendment Review Process for step by step instructions on how to complete this process.

Medical Amendment Review Process

1. The Medical Certifier searches for and retrieves the record.
2. The Medical Certifier clicks on the Review Medical Amendments icon. 
3. The Medical Certifier enters their pin.
4. The Medical Certifier reviews the pending medical amendments then selects either the Accept  or Reject  icons. Rejecting the amendments will permanently remove all of the pending amendments for the record.
5. Once the medical amendment is successfully accepted, the user will be prompted with the message, "The medical amendment request was successfully accepted."

Please Note: Changes will not be seen in TEDR and you will not be able print a new medical abstract with the amended information until VSU prints and officially files the medical amendment. This process can take at least 2 Business days after the medical amendment review process is complete.

These instructions are accessible from the TER portal page: <https://ter2.dshs.state.tx.us/edeath/>

Marriage status

Some relevant statutes

Sec. 1.101. *EVERY MARRIAGE PRESUMED VALID*. In order to promote the public health and welfare and to provide the necessary records, this code specifies detailed rules to be followed in establishing the marriage relationship. However, in order to provide stability for those entering into the marriage relationship in good faith and to provide for an orderly determination of parentage and security for the children of the relationship, it is the policy of this state to preserve and uphold each marriage against claims of invalidity unless a strong reason exists for holding the marriage void or voidable. Therefore, every marriage entered into in this state is presumed to be valid unless expressly made void by Chapter 6 or unless expressly made voidable by Chapter 6 and annulled as provided by that chapter.

Sec. 1.102. *MOST RECENT MARRIAGE PRESUMED VALID*. When two or more marriages of a person to different spouses are alleged, the most recent marriage is presumed to be valid as against each marriage that precedes the most recent marriage until one who asserts the validity of a prior marriage proves the validity of the prior marriage.

Sec. 2.401. PROOF OF INFORMAL MARRIAGE.

(a) In a judicial, administrative, or other proceeding, the marriage of a man and woman may be proved by evidence that:

(1) a declaration of their marriage has been signed as provided by this subchapter; or

(2) the man and woman agreed to be married and after the agreement they lived together in this state as husband and wife and there represented to others that they were married.

(c) A person under 18 years of age may not:

(1) be a party to an informal marriage; or

(2) execute a declaration of informal marriage under Section 2.402.

(d) *A person may not be a party to an informal marriage or execute a declaration of an informal marriage if the person is presently married to a person who is not the other party to the informal marriage or declaration of an informal marriage, as applicable.*

Same-sex marriage

Should be treated just like a traditional marriage.

The screenshot shows a software application window with a menu bar (Functions, Registration, Utilities, Window, Help) and a status bar (All Unresolved). Below the menu bar are tabs for Demographic 1 through Demographic 5 and Medical 1 through Medical 3. The main content area is titled "Spouse's Name Suffix" and contains several sections for data entry:

- 8. Marital Status At Time Of Death:** Marital Status: MARRIED
- 9. Surviving Spouse's Name - If wife, enter maiden last name:** First Name: [redacted], Middle Name: [redacted], Last Name: [redacted], Suffix: [redacted]
- 11. Father's Name:** Title Preference: FATHER, First Name: FATHER, Middle Name: [redacted], Last Name: DOE, Suffix: [redacted]
- 12. Mother's Name Prior To First Marriage:** Title Preference: MOTHER, First Name: MOTHER, Middle Name: [redacted], Last Name: DOE, Suffix: [redacted]
- 10. Decedent's Residence Address:** Street Address: [redacted], Apt #: [redacted], State/Country: [redacted], County: [redacted], City/Town: [redacted], Residence Zip: [redacted], Ext: [redacted], Inside City Limits? [redacted]

Amending marriage status

The only person who can amend a marriage status on a death record is the informant listed on the record.

Medical certification issues

Is an inquest needed?

Justice of the Peace

1. Prison or jail
2. Unnatural
3. Found, COD unknown
4. Unlawful
5. Suicide
6. Unattended by physician
7. Attended by physician but unable to certify
8. Child <6 & required

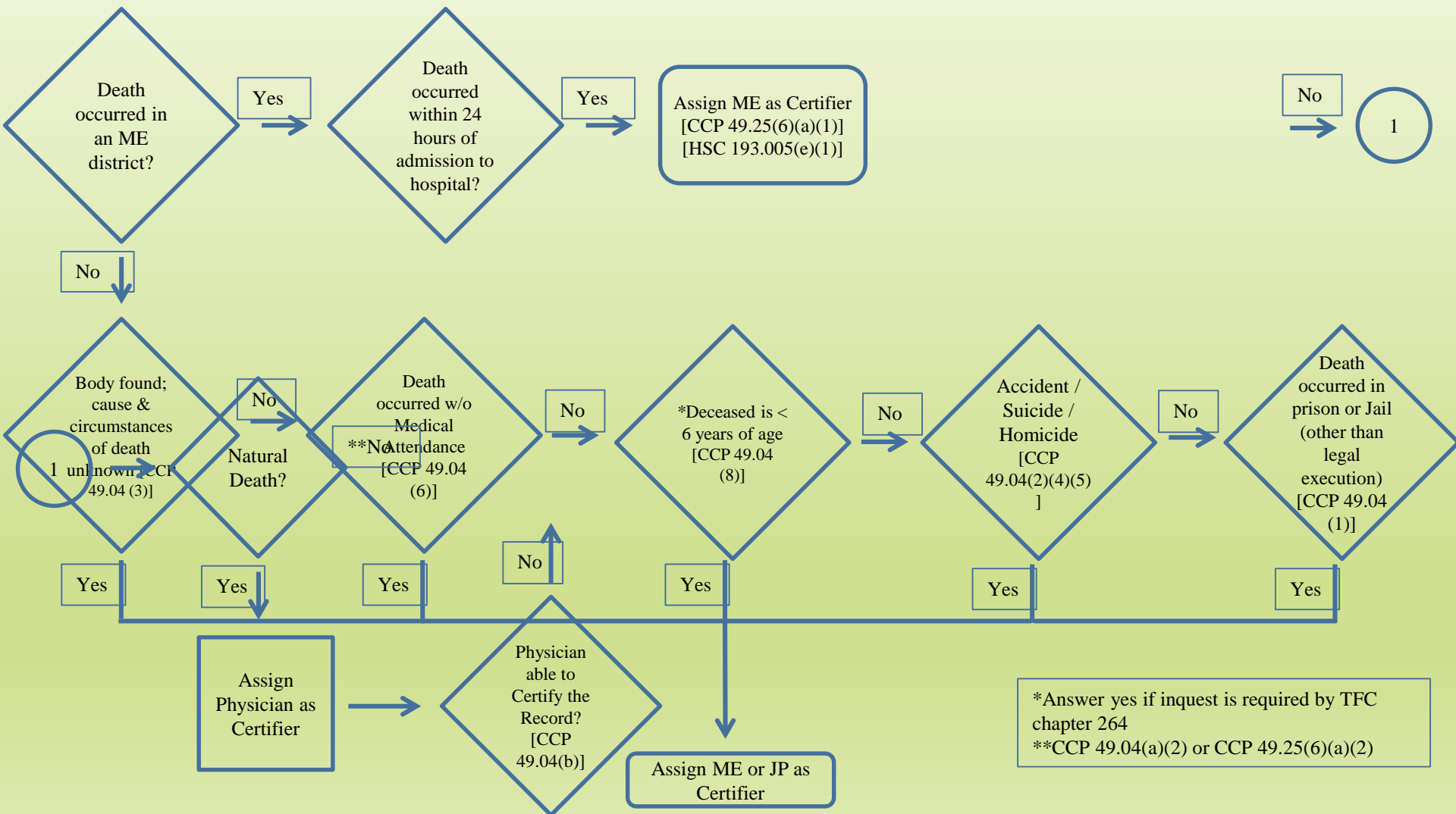
- CCP 49.04

Medical Examiner

1. Within 24 hour of admission to hospital/institution/prison/jail
2. Unnatural or no good witness
3. Found, COD unknown
4. Unlawful
5. Suicide
6. Unattended by MD
7. Child <6 & required
8. Attended by MD but unable to certify

- CCP 49.25

Assigning the correct certifier



Scenario

A five-year-old dies of unknown causes in a non-ME county. The funeral director assigns the record to the appropriate justice of the peace and she conducts an inquest. After conducting the inquest, the judge asks the funeral director to assign the record to the child's primary care physician.

The funeral director calls your office asking for help getting a medical certifier. What do you say?

HSC 193.005(e): A person conducting an inquest required by Chapter 49, Code of Criminal Procedure, shall:

- (1) complete the medical certification not later than five days after receiving the death certificate; and
- (2) state on the medical certification the disease that caused the death or, if the death was from external causes, the means of death and whether the death was probably accidental, suicidal, or homicidal, and any other information required by the state registrar to properly classify the death.

Scenario

An elderly woman on hospice suffers a fall and dies shortly after from complications. No one calls the JP for an inquest, and the funeral home removes the body. Per CCP 49.04(a)(2), the judge is still required to conduct an inquest, but he refuses because he wasn't called to the scene at the time of death.

What should be done?

He may have to subpoena everyone involved in this case. He's still required to conduct the inquest, even without access to the body.

Home burials and family cemeteries

Home burials

- Bodies transported by means other than common carrier
 - Any body transported by means other than a common carrier **must be encased in a container which insures against seepage of fluid and the escape of offensive odors**, provided, however, that bodies transported by a licensed funeral director in a vehicle used for such purpose need not be so encased
 - If a dead body is to be transported by means other than a common carrier and **for a purpose other than preparation or storage, the report of death form shall be enclosed in a strong envelope and attached to the container** in which the body is enclosed

- TAC 181.3

Home burials

- No human body may be held in any place or be in transit more than 24 hours after death and pending final disposition unless either maintained at a temperature within the range of 34 degrees - 40 degrees Fahrenheit, or is embalmed by a licensed embalmer in a manner approved by the Texas Funeral Service Commission, or by an embalmer licensed to practice in the state where death occurred or is encased in a container which insures against seepage of fluid and the escape of offensive odors

- TAC 181.4

Family Cemetery

- Check with Local County or City Government officials for any rules or regulations that apply to your property
- Must be located 1-5 miles outside the municipal boundaries based upon population (HSC 711.008)
- Acreage must be surveyed and subdivided into gardens or sections and a map must be made and filed along with a written certificate or declaration of dedication with the County Clerk (HSC 711.034)
- Container of body must be 1.5-2 feet below surface of ground depending on material of container (HSC 714.001) *Not applicable to burials in a sealed surface reinforced concrete burial vault
- Record(s) shall be kept of each interment in a cemetery (HSC 711.003)
- Right of access to cemetery lacking public access (HSC 711.041)

Fetal death

Fetal death

- Death prior to the **complete expulsion or extraction** from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the **fetus does not breathe or show any other evidence of life** such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles

- TAC 181.1 (11)

Fetal death

A certificate of fetal death shall be filed for any fetus weighing 350 grams or more, **or if the weight is unknown**, a fetus aged 20 weeks or more, as calculated from the start date of the last normal menstrual period to the date of delivery

- TAC 181.7 (a)

Cremation of fetal remains

According to the Department of State Health Services Office of General Counsel, a burial transit permit is not needed to cremate the remains of a *non-recordable* fetal death. Those remains would fall under 25 TAC1.135(a)(4)(A)(iii) “approved methods of treatment and disposition” and do not fall under funeral services laws and rules.

Scenario

Your office filed a VS-112 death record for a fetal death event. What needs to be done to correct the error?

Thanks for your time and attention.

Questions?